

March 20, 2013

TESTIMONY for Public Health Committee Hearing  
In Opposition to House Bill 6391

Dear Senator Gerratana, Representative Johnson and Members of the Public Health Committee,

I represent over 2000 members of the Connecticut Chapter of the American College of Physicians (ACP) in applauding your efforts to recognize and address the shortage of healthcare workers in the state. However, I urge you to oppose Bill 6391 due to changes it makes to scope of practice laws for advanced practice registered nurses (APRNs).

Appropriate statute was established over 10 years ago requiring APRNs to work in collaborative agreements with physicians due to the recognition that there are distinctive differences in training between physicians and APRNs.

The ACP in 2009 released a detailed policy monograph entitled "Nurse Practitioners in Primary Care" ([www.acponline.org/advocacy/where\\_we\\_stand/policy/np\\_pc.pdf](http://www.acponline.org/advocacy/where_we_stand/policy/np_pc.pdf)) in which there is clear recognition for "the important role that nurse practitioners play in meeting the current and growing demand for primary care." However, "physicians and nurse practitioners complete training with different levels of knowledge, skills, and abilities that while not equivalent, are complementary....Patients with complex problems, multiple diagnoses, or difficult management challenges will typically be best served by physicians working with a team of health care professionals that may include nurse practitioners and other nonphysician clinicians."

Scope of practice laws for health care providers must be designed so that a given designation ensures a level of training, knowledge base, and expertise to appropriately serve the health care needs of our citizens. It does not and cannot include a guarantee of "experience". I am sure that there are APRNs who have been in practice for many years who can deliver excellent primary care to a wide spectrum of patients, both with and without multiple medical problems. However, APRN training with its focus on "competencies" like "health promotion/health problems and disease prevention, and management of patient illness" (from National Organization of Nurse Practitioner Faculties, referenced in ACP monograph, page 5) does NOT provide a breadth of experience with the wide spectrum of illness seen in patients with multiple medical problems; this breadth IS seen by physicians through 4 years of medical school AND then a minimum of 3 years of residency training.

To quote from ACP policy, "The ACP regards advanced practice nursing as a distinctive and complementary profession. ACP opposes any policies or regulations that have the consequence of replacing or substituting NPs for physicians. (page11)"

"The future of health care delivery will require multidisciplinary teams of health care professionals that collaborate to provide patient-centered care. The key to high performance in multidisciplinary teams is an understanding of the distinctive roles, skills, and values of all team members. Just as the ACP celebrates the special attributes and capabilities of advanced practice nurses, it recognizes the unique role that a personal physician plays in patient care. Advanced practice nursing should not substitute for nor replace primary care medical practice as provided by general internists, family physicians, and other physicians." (p. 15)

To give an example, it is quite different to be able to evaluate and diagnose a young healthy individual with a cough as having bronchitis in distinction from evaluating an elderly patient with underlying heart

and lung problems, whose cough may be acute bronchitis or underlying chronic lung disease or worsening congestive heart failure, conditions which have very different treatments and different levels of severity if misdiagnosed. One cannot predict the degree of complexity prior to a visit, nor ensure that an APRN will only care for patients with conditions of a complexity commensurate with their training. While we are currently asking our residency training programs to evaluate trainees according to a higher standard of consistency and quality, this proposed legislation runs counter to that effort by allowing individuals with considerably less training to practice at the same level.

Without a mandated collaborative agreement, patients seeing an APRN will not necessarily have direct access to a physician when complex medical decision-making arises. The patient with complex medical problems – and it can be difficult to know when a straightforward symptom or medical condition is becoming more complex – will clearly be at greater risk of receiving inadequate care. This is a public health safety issue. Bill 6391 would NOT be in the best interests of the citizens of Connecticut as they try to obtain appropriate health care, and we physicians from the ACP urge you to OPPOSE it.

Respectfully submitted,

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